

# DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF  
DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read instructions  
on back of duplicate  
before filling in this form

(b)(6)  
(b)(3)

INFORMATION CONCERNING THE EMPLOYER:

NAME (Last, first, middle)

(First)

(Middle)

DATE OF BIRTH (Month, day, year)

10-11-1920

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

APPROVED FOR RELEASE DATE:

10-Nov-2008

(Date of)

(Division)

I, the undersigned, hereby declaring any and all previous Designations of Beneficiary heretofore made by me, do now designate the person or persons named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 1, 1950, amended 2-1-54, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Compensation Insurance Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until it is expressly changed or removed by me in writing. (2) I transfer to another agency, or (3) I am re-employed by the same or another department or agency of the Government.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name (print last name, middle initial, and first name of each beneficiary)

Type or print address of each beneficiary

Relationship

Share to be paid to each beneficiary

Son

Son

Son

Son

I hereby declare, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary's unpaid compensation shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby, unequivocally reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

30 January 1970  
(Date of execution (month, day, year))

(Signature of employee)

WITNESSES TO SIGNATURE:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

THIS SPACE RESERVED FOR RECEIVING DATA  
OF EMPLOYING AGENCY

2 FEB 1970

[Redacted]

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY--DUPLICATE WILL BE NOTED AND RETURNED  
DUPLICATE